Hello, everyone. Thank you for joining today's CMS overview of virtual groups webinar. CMS will provide an overview of the virtual group provisions, including the CMS Quality Payment Program year two final rule released on November 2nd. After the presentation, CMS will take your questions. And now I'll turn the program over to Adam Richards, health-insurance specialist from CMS. Please go ahead, sir.

Great. Thank you. And hello, everyone, and thank you for joining us today. This is the overview webinar on the virtual group participation option for year two of the Quality Payment Program. We're certainly excited to have the opportunity to finally speak with all of you on this very unique participation option. As you all may know, we released the final rule for year two of the program on November 2nd. And as an aside, I do want to remind everyone that this was or is a final rule with comment period, and those comments are due January 2, 2018. But even before the release of the final rule, we really started to kind of get the ball rolling on the virtual groups by opening the election period on October 11th and really beginning to provide educational resources on virtual groups. And don't worry. You will learn about all the concepts that I just mentioned, especially the election process, in just a bit. The virtual groups participation option is new and what we believe to be a much-anticipated option under the Merit-based Incentive Payment System, or MIPS. We have received quite a bit of support from our external partner and stakeholders for virtual groups, and we believe that this participation option will allow for solo practitioners and small groups to successfully participate in MIPS. It will give clinicians an opportunity to pool and share their resources, things like certified EHR technology, aggregate their data, collectively report, and much, much more. So, we have a very informative discussion planned for you today. So, without further ado, let's get started. I'm on the next slide, slide 2. And just at a very high level, I want to run through some of our topics for today on virtual groups. So, we'll start with a very general, high-level overview, take a look at participating in virtual groups in MIPS, the application of group-related policies to virtual groups. We'll move into the election process, talk about the formal agreements, and then we'll round out our discussion by identifying the resources that are available. We have a really great toolkit right now. And then as time allows, we'll get into a question-and-answer session. So, I'll move on to the next slide, and I'll introduce my colleague Lisa Marie Gomez.

Great. Thank you so much, Adam. As Adam noted, started in 2018, there is a new option in which individuals and groups are able to participate in MIPS, which is virtual groups. So, starting in 2018, there's participation options at the individual level, at the group level, and at the virtual group level. So, now let's discuss, what is a virtual group? A virtual group is defined as a combination of two or more TINs assigned to one or more solo practitioners or to one or more groups consisting of 10 or fewer clinicians or both that would like to form a virtual group for a performance period for a year. In order for a virtual group to form, it must have at least two TINs and entire TINs that elect to form a virtual group. So, when you're forming a virtual group, as I noted, it's an entire TIN, which includes MIPS-eligible clinicians, clinicians who are ineligible for MIPS, and clinicians who may be participating in both a virtual group and a MIPS APM or Advanced APM. Also, a group that is participating in a virtual group is considered to be an entire single TIN. And throughout this presentation, you'll hear me repeat or iterate particular key components or key elements in policies

relative to virtual groups. The reason why we're wanting to iterate certain politics is because these are the foundation of what constitutes a virtual group. I also just want to note that throughout this presentation, you'll hear me say a "TIN," which is a Taxpayer Identification Number, which is how we identify a group, and the way we identify individual clinicians, which is by their National Provider Identifier. Next slide, please. So, who can participate in a virtual group? Solo practitioners and groups with 10 or fewer clinicians are able to form a virtual group. So, in order for a solo practitioner to be eligible to participate in MIPS as a virtual group, a solo practitioner must be a MIPS-eligible clinician, must exceed the low-volume threshold, and not be a new Medicare-rolled MIPS-eligible clinician, a qualifying APM participant, or a partial QP choosing not to participate in MIPS. So, in order for a group to be eligible to participate in MIPS as a virtual group, a group must have 10 or fewer eligible clinicians. So, this is the official number when we think about a group in terms of their group size because they can have no more than 10 eligible clinicians under its TIN. And the group must exceed the low-volume threshold at the group level. I just want to note that TIN size is based on the number of NPIs going under a TIN. And as I noted before, this would include MIPS-eligible clinicians, clinicians who do not meet the definition of a MIPS-eligible clinician, and/or who are excluded from MIPS participation based on one of the exclusions that I had just briefly mentioned, which would include being a new Medicare-rolled MIPS-eligible clinician or a clinician with a QP status or partial-QP status who chooses not to participate in MIPS. Also, I just want to note that a solo practitioner or group can only participate in one virtual group during a performance period. Also, there are no limits on the number of solo practitioners in groups that are able to form or join a virtual group. And if a group chooses to join a virtual group, all of the clinicians in that group are part of the virtual group. Next slide, please. So, this slide, along with the next slide, may be familiar to you. We discussed these slides during the Quality Payment Program year two webinar a few weeks ago. And during that webinar, there were a lot of questions pertaining to the low-volume threshold. So we just want to provide an overview of the low-volume threshold in terms of those who are being excluded or those who would be excluded based on this low-volume threshold. So, on this slide, you will see that we're increasing the low-volume threshold for 2018. In order for a clinician or a group to be eligible to participate in MIPS, a clinician or a group will need to exceed both elements of the low-volume threshold, which is why you see the "and" in bold and capitalized -- because in order to be included or eligible to participate in MIPS as a virtual group, you have to meet both elements. And, again, those elements -- which is why you see the "and." So, if a MIPS-eligible clinician or a group bills more than $90,000 year in Medicare Part B-allowed charges and provides care for more than 200 Medicare patients a year, such MIPS-eligible clinicians or a group would be included in MIPS and eligible to participate in a virtual group. For a solo practitioner, he or she would need to exceed the low-volume threshold at the individual level in order to be able to participate in MIPS as a virtual group. And for a group, the group would need to exceed the low-volume threshold at the group level. Again, a solo practitioner and a group would need to exceed both components of the low-volume threshold in order to be eligible to participate in MIPS as a virtual group. Next slide, please. So, on this slide, you can see that we're outlining exemptions or what we call exclusions -- so, those who would be excluded from MIPS. So, here, there are three types of categories of exclusion. So, the first relates to new Medicare-enrolled MIPS-eligible clinicians, which you've heard me discuss before, also clinicians who have a QP or partial-QP status, and clinicians who do not exceed the low-volume

threshold. So, on this slide, you'll notice that under the low-volume threshold policy, there is a keyword -- "or" -- which is underlined and capitalized. The reason why on this slide you see the "or" is because we're talking about who is exempt or who is excluded. And in order for a MIPS-eligible clinician or a group to be excluded from MIPS, an individual or a group would only need to be below one of the components of the low-volume threshold, which is why you see the keyword "or" and why it's underlined and capitalized. So, on the previous slide, you saw "and," which is because to be included, you have exceed both components of the low-volume threshold, whereas on this slide, we have "or," which emphasizes that if you're going to be excluded from MIPS, you would have to only be below one component of the low-volume threshold. All right, next slide, please. So, how do virtual groups decide who to include? Virtual groups have the flexibility to determine on their own who they want to include in their virtual group. So, they get to determine their own composition. There are not any restrictions based on location, specialty, or other factors. So, I just want to emphasize that virtual groups again -- they have the flexibility to determine who can join or form or be a part of their virtual group. And as I mentioned in a previous slide, there is no limitation to the number of solo practitioners and groups that can compose a virtual group. In the first year of virtual group option, we really wanted to provide virtual groups with the flexibility to determine their own composition because they know what will particularly meet the needs of their group being a solo practitioner. So, we want to provide as much flexibility as possible. Next slide, please. So, why join or form a virtual group? And this is a question we have continuously received. The formation of a virtual group provides for a comprehensive measurement of performance, shared responsibility, and an opportunity to effectively and efficiently coordinate resources to achieve requirements under each performance category. A solo practitioner or a group may elect to form a virtual group in order to potentially increase their performance under MIPS. Next slide, please. So, now we're going to get into participating as a virtual group in MIPS. So, now we'll go on to slide 11. So, participating as a virtual group in MIPS. Virtual groups are required to aggregate their data across all TINs within the virtual group for all performance categories. Each member of a virtual group will have their performance assessed and scored at the virtual group level across all performance categories. As I noted earlier, a whole TIN or an entire TIN participates in a virtual group, meaning that each clinician or NPI under a TIN is a member of the virtual group. Each clinician within a virtual group will have a final score based on the virtual group's performance, but only clinicians who are eligible for MIPS would receive a MIPS payment adjustment. Any MIPS-eligible clinician who is part of a TIN participating in a virtual group and is also participating in a MIPS APM or Advanced APM under the APM scoring standard will not earn a MIPS payment adjustment based on the virtual group's final score, but will earn a payment adjustment based on the APM's scoring standard. Next slide, please. Now we're going to get into the application of group-related policies to virtual groups. In the 2018 final rule, we outline a specific section in the rule that really discusses this particular element in terms of the application of group-related policies and the application to virtual groups. So, let's go on to slide 13. So, generally, group-related policies that have been established apply to virtual groups unless otherwise specified. The submission mechanisms that are available to groups are also available to virtual groups. So, similar to groups, virtual groups are able to utilize multiple submission mechanisms, but only one submission mechanism per performance category for the 2018 performance period. However, starting with the 2019 performance period, groups and virtual groups will be able to utilize

multiple submission mechanisms for each performance category. The measure reporting requirements applicable to groups are also generally applicable to virtual groups. However, we note that requirements for calculating measures and activities when reporting via QCDRs, qualified registries, EHRs, and attestation are different in their application to virtual groups. Specifically, these requirements apply cumulatively across all TINs in a virtual group. Thus, virtual groups will aggregate their data for each NPI under each TIN within a virtual group by adding together the numerators and denominators and then cumulatively collate to report one measure ratio at the virtual group level. Next slide, please. So, we'll continue discussing the application of group-related policies to virtual groups. On this slide, we're discussing data-submission criteria. So, the data-submission criteria applicable to groups are also applicable to virtual groups. However, we note that data completeness and sampling requirements for the CMS Web Interface in CAHPS for MIPS survey are different in their application to virtual groups. Specifically, data completeness for virtual groups apply cumulatively across all TINs in the virtual group. We note that there may be a case when a virtual group has one TIN that falls below the 60% data-completeness threshold, which is an acceptable case as long as a virtual group cumulatively exceeds such threshold. Next slide, please. All right, so, for this particular slide, I'm going to discuss elements in which virtual group policies differ from group-related policy. So, in the 2018 final rule, we expanded or modified the definition of non-patient-facing. So, when you think about a virtual group, a virtual group is considered to be non-patient-facing if more than 75% of NPI's billing under the virtual group's TINs meet the definition of a non-patient-facing individual MIPS-eligible clinician during the non-patient-facing determination period. So, virtual groups determined to be non-patient-facing will have their advancing care information performance category automatically re-weighed to zero in regard to rural area and Health Professional Shortage Area status. So, a virtual group will be designed as a rural area or Health Professional Shortage Area practice if more than 75% of NPIs billing under the virtual group's TINs are designated in a zip code as a rural area or Health Professional Shortage Area. Now we'll go on to small practice status. So, a virtual group will have a small practice status if the virtual group has 15 or fewer eligible clinicians. The small practice status is applied based on the collective entity as a whole and not based on the small practice status of each TIN within a virtual group. If a virtual group has 16 or more clinicians, it would not be considered to have a small practice status as a collective whole. Also, I just want to note that a small practice may elect to join a virtual group in order to potentially increase their performance under MIPS. Or they can elect to participate in MIPS as a group and take advantage of other flexibilities and benefits that are afforded to small practices. Next slide, please. Now I'm going to get into virtual group election process. And we will now move on to slide 17. So, what is the election process for participating in MIPS as a virtual group? So, when a solo practitioner or a group wants to form a virtual group, they have to go through the virtual group election process. For the 2018 performance period, the virtual group election period -- Actually, Adam noted this earlier. It opened on October 11th of this year, and it will close on December 31st of this year. So, in order to participate in MIPS as a virtual group, an election must be made prior to the start of the performance period and cannot be changed once the performance period starts. So, an election can be changed at any point in time before the virtual group election period closes on December 31st of this year. So, I really want to emphasize some key elements here on this slide. So, as I noted, in order for a virtual group to actually participate in MIPS as a virtual group, an election has to be made

prior to the performance period starting. So, if a virtual group makes an election starting anytime after January of 2018, that election would not actually be accepted because it would be after the performance period started. So, again, an election has to be made prior to the performance period starting, and it has to be made by December 31st of this year. All right, next slide, please. So, there is a two-stage virtual group election process, and I'm going to briefly go over stage one and stage two. So, stage one is optional. So, solo practitioners or groups with 10 or fewer clinicians can contact their local Quality Payment Program technical assistance organization to see if they are eligible to join or form a virtual group prior to submitting an election. So, your representative can help you figure out if you're eligible to join a virtual group before you make any formal written agreements, send in your formal election registration, or budget your resources for your virtual group. Now briefly discussing stage two -- So, for virtual groups or for groups that don't participate in stage one of the election process, CMS will determine their eligibility to form a virtual group upon submission of materials per the election process, which includes the submission of an election via e-mail. Next slide, please. I'm going to further discuss stage two of the two-stage virtual group election process. So, as part of stage two, each virtual group must, one, have a formal written agreement between each solo practitioner and group that composes the virtual group before an election is made. I just want to note that formal written agreements are not to be submitted to CMS. Yes, a virtual group is required to have a formal written agreement, but they are not to submit a formal written agreement to CMS. Second, each virtual group must identify an official virtual group representative who is responsible for submitting an election on behalf of the virtual group to CMS via e-mail. Each virtual group's official representative must submit a virtual group's election prior to the start of the 2018 performance period by December 31st. And I know I've emphasized that over and over, but I just want to iterate that the election period ends by December 31st and the person who actually makes the election is the official virtual group representative. The submission of a virtual group election must include the information about each TIN and NPI associated with the virtual group. And the reason why we require that this information be included is for us to be able to know who is a member of that virtual group. Also, we just want to note that, as part of election, a virtual group representative must also include their contact information because we at CMS will be communicating to the virtual group via the official virtual group representative. Also, the virtual group representative will need to acknowledge that a written formal agreement has been established between each solo practitioner and group that composes a virtual group. So, as part of the election, they will acknowledge this particular component, that a formal written agreement has been established between each solo practitioner and group that composes a virtual group. All right, next slide, please. So, we'll continue discussing stage two of the two-stage virtual group election process. So, for virtual groups that are determined to have met the virtual group formation criteria and approved to participate in MIPS as identified virtual group, CMS will notify official virtual group representatives of their official virtual group status and issue a virtual group identifier in early 2018. Virtual groups will need to provide their virtual group identifier to third-party intermediaries that will be submitting their performance data, such as qualified registries, QCDRs, and/or EHRs. So, on this slide you will see that we have identified elements that make up a virtual group identifier. So, it includes a virtual group identifier established by CMS, a TIN, and an NPI. So, when a virtual group is submitting their performance, let's say, to a qualified registry or QCDRs or EHRs, they will include the virtual group

identifier alone in the file submission. So, for virtual groups that elect to participate in MIPS via the CMS Web Interface or administer the CAHPS for MIPS survey, they will register via the CMS Web Interface and include the virtual group identifier alone during registration. So, after a virtual group is identified as a virtual group by CMS, the virtual group representative must contact the Quality Payment Program service center before the applicable submission period starts, with any updates to election information for the group for the applicable performance period. And this can be done one time before the submission period starts. Next slide, please. So, as part of stage two of the election process, group-size and low-volume-threshold determinations will be based on claim data. For virtual group eligibility, the low-volume threshold will be determined for each TIN within the virtual group and not for the overall virtual group. We understand that group size might change after virtual groups are approved by CMS. Thus, TIN size determinations that are made for the virtual group eligibility during stage two of the election process will remain valid for the entire performance year. If at any time a TIN is determined to be eligible to participate in MIPS as a virtual group, as I said, that status would remain for the duration of the election period also -- and the applicable performance period. For example, if a TIN has 10 NPIs billing under its TIN and is determined eligible to participate in MIPS as a virtual group, this eligibility determination would remain even if a new NPI joins that TIN during the performance period, causing the TIN to have 11 NPIs. Also during the performance period, a TIN cannot be added or moved from a virtual group. So, in the case of a TIN within a virtual group, let's say, is acquired or merged with another TIN or is no longer operating as a TIN -- let's say, for example, that group practice closes -- So, during the performance period, such solo practitioners' or groups' performance data would continue to be attributed to the virtual group. The remaining parties to the virtual group would continue to be part of the virtual group even if only one solo practitioner or group remains. We consider a TIN that is acquired or merged with another TIN or no longer operating as a TIN to mean a TIN that no longer exists or operates under the auspices of such TIN during the performance period. Now I'm going to turn the presentation over to Adam. Next slide, please.

Great. Thanks, Lisa Marie. We're going to give you a bit of a breather here and just talk through some of the technical assistance that's available for those of you who there who are really looking for some education on virtual groups, some additional education, and for eligibility determinations, as well. So, we realize that this -- First of all, the Quality Payment Program is certainly a big change for many clinicians, and virtual group is a new participation options. So, we've established a number of resources that are available to clinicians who are included at the program at absolutely no cost. And I want to re-emphasize that a few times. This is free support. So, when you're just looking for basic education around virtual groups or you're looking for an eligibility determination, it's at absolutely no cost to you. So, we have three major and what I like to call on-the-ground branches of technical assistance, each of which contains multiple organizations who are ready to help you right now with all aspects of virtual groups. And that does include determining if you are eligible to participate in a virtual group for 2018 prior to you submitting your election. These on-the-ground branches of technical assistance, as you can see onscreen, include the Small, Underserved, and Rural Support Initiative. So, this initiative is focused on practices with 15 or fewer clinicians. There are 11 organizations that support the Small, Underserved, and Rural Support Initiative. We have the Quality Innovation Networks and Quality Improvement Organizations. So,

they typically support the larger practices -- so, those with more than 15 clinicians. There's 14 QIN-QIOs throughout the nation. And then of course we have the Transforming Clinical Practice Initiative, which you may know as TCPI. There are 29 practice transformation networks that support TCPI. Now, most solo practitioners and small practices will likely receive support from either the small, underserved, and rural support organizations or the practice transformation networks. However, I would be remiss if I did not mention that all of these channels are well-equipped to handle your questions and needs -- and, really, not just on virtual groups, but on the Quality Payment Program as its entirety. And all of these organizations have embraced a "no wrong door" approach, meaning that regardless of your point of entry, whom you reach out to, these organizations will always get you to the right form of support based on your practice size, your patient population, and your needs. I'll also mention that all of these branches are comprised of professional and experienced organizations who have a deep history with CMS. Many have worked on quality-improvement-related programs over the last several years. They all are very well-versed in virtual group policy and the election process, so I certainly recommend reaching out to these organizations. Again, it is free support. Take advantage of the support and certainly spread the word to your peers. I did see a question in the chat come up on where you can find information on your technical assistance organization, your local technical assistance branch. So, we encourage you to visit qpp.cms.gov. We do have some resources there. Specifically, take a look at the small and rural practices page on qpp.cms.gov. That'll give you information for contacting your local small, underserved, and rural support organization. And also take a look at the help and support page on qpp.cms.gov. That has all of the contact information for the three major branches listed above. So, you'll find all of your information that you need to get started on qpp.cms.gov. So, I am going to turn it back over to Lisa Marie. Please keep sending us your questions in the chat. We are monitoring. We do have some of our policy experts working through those questions, so keep them coming. And, Lisa Marie, I'm going to turn it back over to you.

Great. Thank you, Adam. So, now we'll move on to slide 23 and get into the discussion regarding virtual group formal agreements. And now we'll get on to slide 24. So, as you've heard us discuss, there's virtual group formal agreements. So, a virtual group must have a formal written agreement between each solo practitioner and group that composes a virtual group to ensure that requirements and expectations of participation in MIPS are clearly articulated, understood, and agreed upon by each individual in the virtual group. As part of the election process, each virtual group's official representative will confirm that an agreement for at least one performance period has been established between each solo practitioner and group that composes the virtual group. To support this process, we created a virtual group model agreement to serve as a template that virtual groups can use and to which they could add other elements that would meet the particular needs of the virtual group. So, next slide, please. So, on this slide and the next slide -- these outline the nine provisions that need to be included in the virtual group agreement. We also want to note that if an NPI joins or leaves the TIN or a change is made to a TIN that impacts the agreement itself, such as a legal business name change during the applicable performance year, a virtual group has to update the agreement and send the changes to the Quality Payment Program service center. So, this is a critical action that a virtual group representative will need to complete in order for us to know which NPIs are associated with the virtual group. And it also allows us to be able to apply the virtual group's score to all NPIs within a virtual

group and identify which NPIs do not receive a payment adjustment and which NPIs are subject to a MIPS payment adjustment, whether it's based on the virtual group's score or a score based on the APM scoring standard for, as I mentioned, members of a virtual group that are also participating in a MIPS APM or an Advanced APM. So, as I noted, this slide and the next slide specifically outline the nine specific provisions that must be included in a virtual group agreement. As I noted previously, a virtual group can add other elements or other provisions to their virtual group agreement, specifically anything that they feel would meet the needs of their virtual group. So, now I'm going to turn it over back to Adam. So, we can go on to slide 27. Then, as I noted, I'm going turn it over to Adam to go over virtual group resources.

Okay, great. Thanks, Lisa Marie. Yeah, so, we mentioned this earlier. This is definitely a resource that we encourage you to take a look at. So, this is our virtual group toolkit. We did include the link on the screen. So, that virtual group toolkit is fairly easy to find. It's under the MIPS group participation section. And just at a very high level, the toolkit includes some great resources, including the agreement checklist, the virtual group's agreement checklist, and the virtual group's agreement template. There's an election process fact sheet in that toolkit, and there's also a really great resource in the overview fact sheet. So, I certainly recommend taking a look at all those resources. They're very valuable. And if you have any questions, again, the technical assistance organizations are out there, available to help you. They also have access to this toolkit, so they can certainly walk through any challenges that you may be having just around the basic policy or in trying to receive an eligibility determination. So, again, please check out that toolkit. The site is on this slide. And just so everyone knows, we will be providing a copy of the slides and a recording shortly after our webinar concludes today. Within a few days, we'll have that out to everyone. So, we're going to move on to the next portion of the webinar, and that's our Q&A session. So, as you can see onscreen, we do have the option for folks to call in using the number and I.D. that's onscreen. Of course, we do still have the Q&A chat open. So, if you have questions, if you don't want to join the phone line, please send your questions into the Q&A chat. We'll try to read through some of these questions if we don't have any callers. As we wait for folks to enter into the phone queue, I did want to start with a trending question that I did see come up a few times. So, that is, Lisa Marie, can some clinicians from a practice come together and form a virtual group while other members of the same practice continue to submit individually?

That's a good question, and for virtual groups, that is not permissible. As I noted several times on various slides, the statute actually requires that entire TINs participate in a virtual group. So, in the example that was provided in the question would be where a portion of the TIN would participate in a virtual group with, let's say, another portion of a TIN. And that would not be possible because specifically under statute, it requires that entire TINs participate in a virtual group.

Okay, great. Thanks. And along that same line, again, seeing some of the trending questions come into the chat, maybe we could just return briefly to, I believe, slides 4 and 5. Still just getting a lot of questions just to kind of walk through how virtual groups are really formed and who can participate in that virtual group, just at a very high level, some of that information that's on slide 4 and 5. I think we just need one more refresher on that.

Okay. No, I think that's great, Adam. So, when we think about the components that can make a virtual group, it's a solo practitioner and/or a group, and that group can have only 10 or fewer eligible clinicians. So, if there is a group that has 11 NPIs associated with their TIN, that group would not be eligible to participate in MIPS, in terms of when we think about the election process. So, if a group has, let's say, five NPIs, that group would definitely be eligible to participate in MIPS. So, when we think about just the overarching elements, it's solo practitioners and groups with 10 or fewer eligible clinicians. And when we think about this number, 10, it's total NPIs under that particular TIN. So, when we look at slide 15, this gets into, like, further eligibility. So, a solo practitioner -- you have to be considered a MIPS-eligible clinician. So, you meet the definition of a MIPS-eligible clinician. Also, you have to exceed the low-volume threshold at the individual level. Also, as a solo practitioner, you cannot be excluded from MIPS. And there are three overarching types of exclusions, which would be a new Medicare-enrolled eligible clinician. Also, you maybe have a QP status. And if you have a partial-QP status and choose not to participate in MIPS, you would be excluded. So, again, as a solo practitioner, you have to be considered a MIPS-eligible clinician -- so, you meet the definition of a MIPS-eligible clinician. You cannot be excluded from MIPS. And you have to exceed the low-volume threshold at the individual level. So, when we think about groups, the criteria relative to groups is that, again, you have to have 10 or fewer clinicians. So, again, it's total NPIs. You can have no more than 10 NPIs associated with your TIN. Also, you have to exceed the low-volume threshold at the group level. So, those are the components in terms of who is eligible to participate or form a virtual group.

All right. Great. Thank you so much. I do want to just quickly check in on the phone line. Do we have anyone on the line?

There are no questions at this time. If you would like to ask a question, please press star, then the number 1 on your telephone keypad. Again, that's star, then the number 1 on your telephone keypad to ask a question.

Great. Thank you. So, I'm just going to return back over to the Q&A and just look for some themes that we're seeing. One of the trending questions, Lisa Marie. Is there a limit to how many solo practitioners or practices can join a virtual group?

So, there are no limits in terms of how many solo practitioners or how many groups that have 10 or fewer clinicians can join a virtual group. So, a virtual group can be completely just composed of solo practitioners, in which there's no limit. Similarly, a virtual group can be composed of just groups of 10 or fewer clinicians, and there's no limit to the number of groups. Or it could be a combination of both -- solo practitioners and groups with 10 or fewer clinicians, and there's no limit as to the number of solo practitioners or groups able to form a virtual group.

Okay, fantastic. I'll go back and check in on the phone lines. We have anyone on?

We do have a question from Mike Smith.

Hello.

Hi. What's your question?

Hi. I'd like to get a little clarification on the MIPS composite score, as far as a virtual group is concerned. Each practice would apparently -- or my assumption would be that each practice would have separate patient panels. How do those different TINs that comprise the virtual group contribute to the quality pillar or the ACI pillar or IA pillar if they have separate patient panels? Can you explain that a little bit?

Sure. Can we just go to slide 11 quickly? So, depending on the virtual group composition -- So, one thing is when a virtual group -- Or let's say there's solo practitioners or groups contemplating whether or not they should join a virtual group. So, let's say different entities are discussing whether or not they should form a virtual group. We really want to encourage virtual groups -- When they're forming and they're identifying what types of measures they can report, you want to be able to ensure that your virtual group is able to report on the same measures. So, when we think about a virtual group -- On slide 11, we discussed that, as a virtual group, you're required to aggregate your data across all TINs within the virtual group. So, you're aggregating data across the virtual group. And so, depending on the composition of the virtual group, you will identify measures that you're able to report on, and that's where you would, as a virtual group, need to figure out in terms of a mechanism to ensure that you're data is aggregated at the virtual group level. So, when we think about aggregation at the virtual group level and then we think about scoring -- So, because a virtual group is required to aggregate the data across the virtual group, performance is based on the performance of the virtual group. So, each member of a virtual group will receive a score based on the performance of the virtual group. I hope that answers your question.

So, it sounds like there is an expectation that the patient data itself will be shared amongst the different practices.

Yes. I mean, as part of a virtual group, those are elements that you would discuss and determine. And there's also been questions about, do they have access -- do other, let's say, TINs have access to viewing that information? But because you're reporting as a virtual group, you'll have to ensure that you're able to do what you need to do in order to meet the requirements to report as a virtual group. So, if one of those elements includes being able to share patient data, that would be one of them, also being able to maybe allow TINs to look at each other TINs' data that they have so that when you're reporting together, whether it's for the quality performance category or the advancing care information or improvement activities, you're able to see across the board how you're able to meet those requirements.

Okay.

Okay, great.

Thank you for your question.

And do we have any others on the line?

No additional questions at this time.

Okay, good. Lisa Marie, I'll kind of flip back over to the chat. I am, again, just kind of monitoring some of the common questions that are coming

out, and I think just for the benefit of everyone participating right now, if you could just kind of go over how the low-volume thresholds apply to virtual groups one more time.

Sure. So, as we know just from general application of the low-volume threshold, the low-volume threshold is either conducted at the individual level or at the group level. And that same concept also applies to when we think about virtual group eligibility. So, if you're a solo practitioner, in order for you to be eligible, you would have to exceed the low-volume threshold at the individual level. If you're a group, you would have to exceed the low-volume threshold at the group level. So, let's say, for example, if you're a group, and let's say if you are not participating as a virtual group, but you're just participating as a regular group, that group has the option to report at the individual level or at the group level. So, if a group chose to report at the individual level, then the applicability of the low-volume threshold at the individual level would apply. And if you're reporting at the group level, the low-volume threshold at the group level would be applicable. So, in the case of virtual groups -- So, even if, let's say, if your group -- If you would have decided to report at the individual level and certain clinicians would be excluded from MIPS based on that, that doesn't apply when we think about participating as a virtual group. As I noted, virtual group eligibility at the group level -- the low-volume threshold applies at the group level. So, when we think about a group, you have to collectively exceed the low-volume threshold in order to participate in MIPS as a virtual group. So, we think about it as a collective entity. So, even if, let's say, when you were thinking about individual-level reporting and NPIs would be excluded, that isn't necessarily applicable here because, again, we're thinking about as an entire entity, as an entire group, which is why we think about the low-volume threshold being applicable at the group level. So, I hope that clarifies when we think about eligibility relative to low-volume threshold. So, again, to be eligible as a solo practitioner, one of the elements that you have to meet is that you have to exceed the low-volume threshold at the individual level. And if you're a group, you have to exceed the low-volume threshold at the group level in order to be eligible to participate in MIPS as a virtual group.

Okay, great. Thanks, Lisa Marie. And I'll just remind everyone again that you can find the contact information for your local technical assistance organization on qpp.cms.gov. Definitely use the small and rural practices webpage, as well as the help and support. All of the information is listed there. We do have a number of different organizations representing the region, so we want to make sure that you get connected to the right organization from the region or even the state that you're in. So, please check out qpp.cms.gov. Lisa Marie, just, again, from the chat, I think it would be good just to kind of talk a little bit about flexibility just within virtual groups, the flexibilities. We've seen some questions -- "How do I know who my virtual group representative should be? How should I form this small group? How can I go about looking for small practices?" I think it would just be good to talk a little bit about that flexibility that's been provided under this participation option.

Okay. No, I think that's great. So, when we think about a virtual group representative -- There's a couple elements in the things that Adam itemized. So, one of the items was, how does a virtual group identify a virtual group representative? We actually provide virtual groups with the flexibility to determine who they may want to designate as the official

virtual group representative. So, that may include, let's say, a staff person from one of the TINs in a virtual group. It may be a particularly clinician. It could be anyone. It could also be -- If a virtual group wanted, they could have a third-party vendor for that. We want to provide virtual groups with the flexibility for them to determine who their virtual group representative is because a virtual group knows what their needs are and what would suit the needs of their virtual group. So, we want to provide them with the flexibility for them to determine who their virtual group representative is. Now I'm going to discuss the composition of a virtual group. So, virtual groups have the option to determine their own composition. So, for example, there may be small practices within, let's say, a community who, let's say, may even serve the same patient population, and so they want to form a virtual group based on patient population because they want to coordinate resources, coordinate care, and ultimately improve health outcomes for their patient population. So, for example, let's say small practices within the community could come together and form a virtual group, and they may have decided because it was based on patient population. There may be other practices within a city or maybe it's in a state or even maybe across state lines, but who, let's say, are within the same specialty and they want to form a virtual group. So, you can do that. We don't limit or put any restrictions on virtual group composition in terms of location, specialty, or any other factor. We wanted to provide virtual groups with as much flexibility as possible for them to determine what their virtual group composition would be in terms of who to partner with or who to join with. So, there's really no restrictions on that. And, Adam, what was one of the other elements to go over? I don't remember everything.

No, no, you're right on. I think you hit all of the major points that we were certainly looking for and really just talking about the flexibility that's available under this participation option. That was certainly one area that we wanted to continue on from the transition here, making sure that clinicians had the flexibility to participate in the program. So, I think this is a good example of that flexibility in participating. So, I think you hit it right on.

Thank you.

Yep, sure. And I'm just going to go back for -- I know we're getting close to the top of the hour -- just one last check on the phone line to see if there's anyone on the line who'd like to ask one final question.

We have a question from Valerie O'Day.

Hi. How are you?

Good. How are you?

I'm good. I have a few questions -- I hope not too many. Do we have to report the same exact measures in the virtual group?

Yes, as a virtual group, you would report on the same measures.

So, if it says that you don't make up the composition of the group -- I don't understand how a radiologist would have the same measures as an ophthalmologist, as a GYN. I feel at that point that it would all have to be the same specialty.

Well, because we don't specify restrictions, but we do want to encourage virtual groups when they are forming to assess and look at how would they meet the requirements under each performance category if they were to join or participate as a virtual group. And so part of the things that you'd want to assess is like, "Okay, well, what measures would we be able to report on?" because you would need to collectively be able to report on the same measures, which is similar to what groups do. Groups have to report on similar measures in order to meet some of the requirements. So, yes, we're providing flexibility in terms of virtual group composition, but we also highlight that you would also want to see how you'll be able to meet those requirements. So, there is sort of like a balance there in terms of -- You can join with whoever you want, but you would also want to think about how would you then actually meet the requirements for each performance category.

Now, we're a solo practitioner. We don't have electronic health records, so we would not be able to do the advancing care piece. Why would someone else want to join with us? Because that's an automatic zero that we would be getting.

Melanie, are you on the line to address this question?

Yeah, I'm here. Sorry. Would you mind repeating that question?

Sure. We're a solo practitioner without an EMR, so we would not be able to do the advancing care piece because that requires an EMR to report. What would be the benefit from another solo practitioner to have us join with them if we don't -- You're saying that we have to do all four pieces, so clearly we're going to be getting a zero in that.

Yeah, sure. So, as Lisa Marie noted during the presentation, we assess performance on the four performance categories. Advancing care is one of those four performance categories. And we recognize that there are a number of practices such as yourself throughout the country who have not yet had the opportunity to make an investment into electronic health records. So, you can still participate in the program without participating in the advancing care information performance category. And so I would anticipate that there would still be other clinicians and small practices that may be in similar situations such as yours that would still want to join a virtual group with you.

Why? I mean, if another clinician had the EMR, wouldn't that average out with us to be like a 50% -- like, if they got 100% and us zero, they'd be, like, failing themselves?

Well, so, what it would mean is that your practice and if you choose to form a virtual group with another practice that also does not have an EHR, you all would not be able to complete the advancing care performance category, so you would get zero participates.

Right.

But remember -- advancing care only comprises 25 points of your total final score.

Right.

If you max out in the rest of the performance categories, you could not only be receiving the positive MIPS payment adjustment. You could also be receiving the exceptional performance bonus. The threshold to hit that is any final scores that are 70 or great.

Okay. And my one last question is -- we currently have been submitting via claims with quality. When you do a virtual group, do you all submit as one entity? Or is the virtual group submitting their information separately?

So, a virtual group would submit as a virtual group. So, not each TIN would be submitting separately. The virtual group would have one submission relative to quality, one submission relative to improvement activity. So, it's all relative to one submission per performance category, but its one collective submission as a virtual group, not each TIN within a virtual group.

Okay. Okay. All right. Thank you. Thank you so much.

Thank you. Thanks.

Great. Thank you. And that brings us to the top of the hour. We do have to end our webinar for today. Thank you all for joining us. Again, please check out qpp.cms.gov for the available technical assistance options that are out there. Again, we'll post the slides and recording very shortly, and we'll talk to you all again soon. Thanks very much.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.